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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	10/729,285
		Filing Date	December 3, 2003
		First Named Inventor	James Edward Constantz
		Art Unit	1764
		Examiner Name	Virginia Manoharan
		Attorney Docket Number	95,868
(to be used for all correspondence after initial filing)			
Total Number of Pages In This Submission	2		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	U.S. Army Space & Missile Defense Command		
Signature	<i>C. Joan Gilsdorf</i>		
Printed name	Christine Joan Gilsdorf		
Date	May 11, 2006	Reg. No.	43,635

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>C. Joan Gilsdorf</i>		
Typed or printed name	Christine Joan Gilsdorf	Date	May 11, 2006

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MAY 11 2006

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

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**REVOCATION OF POWER OF
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Application Number	10/729,265
Filing Date	December 3, 2003
First Named Inventor	James Edward Constantz
Art Unit	1764
Examiner Name	Virginia Manoharan
Attorney Docket Number	95,868

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

50003

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

James Edward Constantz

Date

4/28/06

Telephone

650-329-4655

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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